

Integrating Behavioral Health Care into an Academic Family Medicine and a Federally Qualified Health Clinic

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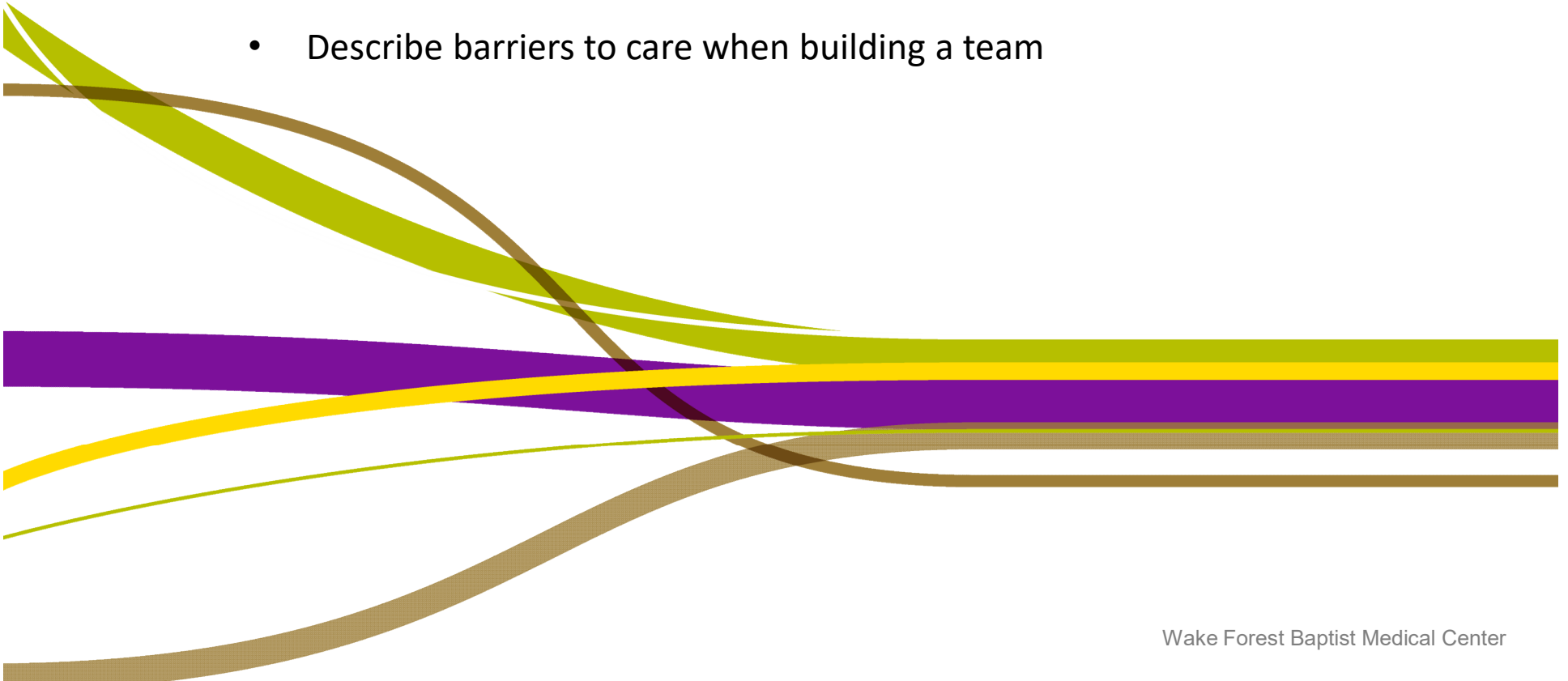


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Objectives

- Describe how integration of primary and behavioral health care can create a safety net and increase access to care
- Describe different models of behavioral care
- Understand how behavioral health can be integrated into family medicine
- Describe barriers to care when building a team



Models of Care

Illustration: A family tree of related terms used in behavioral health and primary care integration
See glossary for details and additional definitions

Integrated Care

Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Connotes organizational integration involving social & other services. "Altitudes of integration: 1) Integrated treatments, 2) integrated program structure, 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

Patient-Centered Care

"The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care"—or "nothing about me without me" (Berwick, 2011).

Coordinated Care

The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care" (AHRQ, 2007).

Shared Care

Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared system and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

Collaborative Care

A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unützer et al, 2002)

Co-located Care

BH and PC providers (i.e. physicians, NP's) delivering care in same practice. This denotes shared space to one extent or another, not a specific service or kind of collaboration. (adapted from Blount, 2003)

Integrated Primary Care or Primary Care Behavioral Health

Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

Behavioral Health Care

An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA conditions, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

Patient-Centered Medical Home

An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient's family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007).

Mental Health Care

Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

Substance Abuse Care

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

Primary Care

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

Thanks to Benjamin Miller and Jürgen Unützer for advice on organizing this illustration

From: Peek CJ and the National Integration Academy Council. *Lexicon for Behavioral Health and Primary Care Integration*: AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>.

Why Integrated Care?

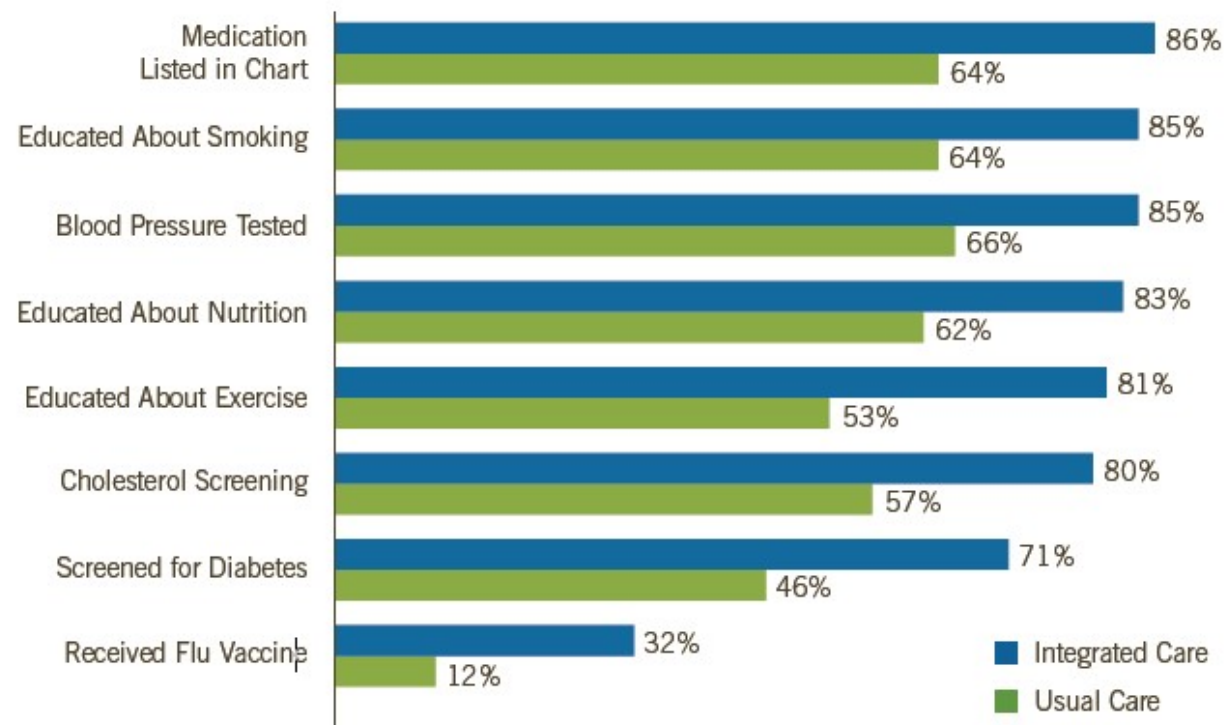
- Cost-effective and clinically effective, specifically in dealing and treating mental health problems that negatively impact physical health.
- Patients seen in the primary care setting are seen immediately or within a week.
- Patients often wait 6 weeks for an appointment for an outside referral and frequently don't go to these appointments. PCPs usually don't know what has happened in these visits.
- In Integrated Care providers know who their patients are seeing and can review the BHC visit notes in the EMR.
- Helps primary care providers be more effective and satisfied in their practices

Integrated Care can Address...

- Mental health and substance use conditions
- Health behaviors (including their contribution to chronic medical illnesses)
- Life stressors and crises
- Stress-related physical symptoms
- Ineffective patterns of health care utilization

Integration of behavioral and physical health care can improve access to appropriate care.

Chart 8: Receipt of Preventive Care Services in 12 Months among Patients with Serious Psychiatric Illness Receiving Integrated Care vs. Patients Receiving Usual Care



Source: Druss, B., et al. (2001). Integrated Medical Care for Patients with Serious Psychiatric Illness. A Randomized Trial. *Archives of General Psychiatry*, 58, 861-868.

Disciplines Involved

- Physicians and Psychiatrists, Physician Assistants and Nurse Practitioners
- Behavioral Health, e.g., Marriage and Family Therapist, Psychologists, Medical Family Therapists, Social Workers, etc.
- Pharmacists
- Nurses

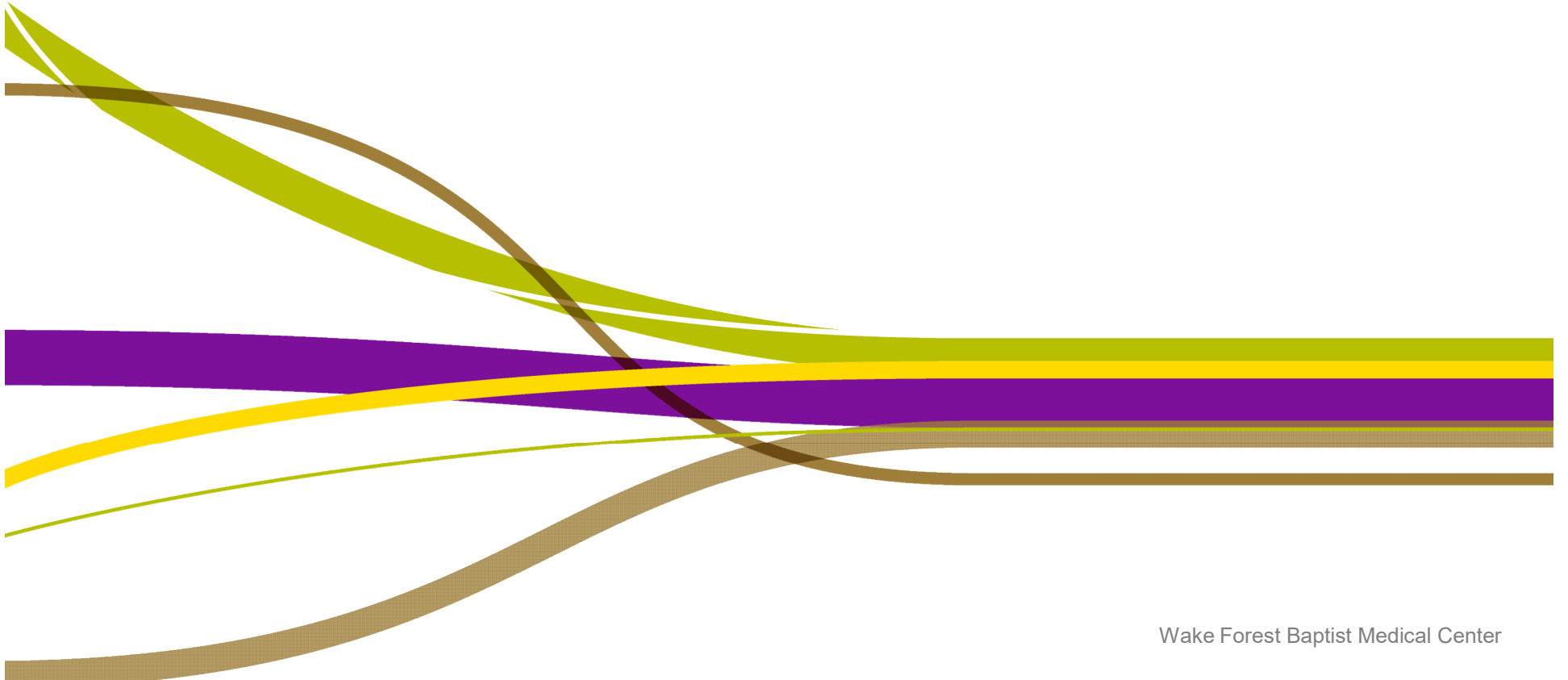
Barriers to Care when Building a Team

- Training primary care and behavioral health providers to work in concert to address the patient's needs onsite requires expert consultant mentoring as everyone needs to change some aspects of how they practice.
- BHCs typically have not been trained in an integrated care model. It takes some “untraining” and retraining to work in an integrated model. (eg. 1 hour sessions are rare.)
- Creating a team that reflects the population served- including language and cultural needs means recruiting far and wide to interview larger numbers of BHCs to achieve diversity.
- Determining how to fiscally support BHCs in primary care settings

Implementing Integrated Care in Family Medicine

- Leadership must be committed to implement model
- Recruit a behavioral health professional who is educated in this model
- Be prepared to respond to an RFA for enhancing primary care training (HRSA Title VII, Primary Care Training and Enhancement RFA 2015-2020) to help support initial hiring and training of BHCs
- Obtain institutional support for a portion of the integration
- Recruit and use integrated care expert consultants Introduce additional brief screening tools (Center of Excellence for Integrated Care in NC)
- Hire resilient BHCs and a care manager to provide integrated care which allows the team to address biopsychosocial-spiritual aspects of the patients' care

Behavioral Assessments



PHQ-4

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Almost every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

0 + _____ + _____ + _____

= Total Score: _____

Source: Kroenke K, Spitzer RL, Williams JBW, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4 Psychosomatics 2009;50:613-621.

PHQ-9

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Troubles falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired, or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure and have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things (reading, watching television)	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you'd be better off dead or of hurting yourself	0	1	2	3

0 + _____ + _____ + _____

= Total Score: _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

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GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Almost every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

0 + _____ + _____ + _____

= Total Score: _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B, A brief measure for assessing generalized anxiety disorder, *Arch Intern Med.* 2006;166:1092-1097

Mood Disorders

- Bipolar disorder: MDQ (Mood disorder questionnaire)

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family into trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? <i>Please circle one response only.</i>		
No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

Substance Abuse

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Total						

Notes: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at www.who.org.

A Day In The Life Of A BHC

Time	Activity
9-9:20	Consult: Depression
9:20-9:35	Consult: Weight loss
9:45-10:10	Downtime
10:10-10:30	Consult: Panic attacks
10:30-10:50	Consult: Diabetes management
10:50-11:10	Downtime
11:10-11:30	Consult: ADHD
11:30-11:45	Consult: Parenting Issues
11:45-12:15	Notes

The Informed Curbside Warm Handoff

- Key Concerns
- Key Anticipated Outcomes
- Flow Constraints

Introducing the Behavioral Health Consultant

There are several concerns that you have noted including various body aches, poor sleep, low energy and just feeling irritable a lot of the time that makes me consider a variety of options - one of those options might be depression. And based on what you told me about how stressful life has been lately, I think we should consider that option seriously as we also investigate other possible reasons for your symptoms...

We have a behavioral health consultant as a member of our team who can help us get you feeling better. Would you be interested in talking with her this morning?

Warm Handoff

- Establish an initial face-to-face contact between the patient and the BHC
- Confer the trust and rapport the patient has developed with the provider to the BHC
- Use neutral terms

Once you can care for your patients with a BHC

- You will be more efficient and effective in your clinics
- Your patients will get the behavioral healthcare they need in a timely fashion
- You will be in the loop for all your patients' care
- You will sleep better at night knowing your depressed patient was cared for promptly.

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